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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	11: Identify Yourself			
1.	Your full name	About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
	Write the name that is on	Elizabeth		
	your government-issued picture identification (for example, your driver's	First name	<del></del>	First name
	license or passport).	Middle name	<del></del>	Middle name
	Bring your picture identification to your meeting with the trustee.	Cajigas <sup>9</sup> Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0177	7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	

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Del	otor 1 Cajigas, Elizabeti	1	Case number (if known)			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
	r.	3824 W 59th St Chicago, IL 60629-4502				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Cook				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Deb	otor 1 Cajigas, Elizabeth	1		<u> </u>	Case number	er (if known)				
Par	t 2: Tell the Court About Y	our Bani	kruptcy Ca	Se						
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.								
	choosing to file under	Char	pter 7							
		☐ Chap	pter 11							
		☐ Chap	pter 12	:. •						
		☐ Chap	pter 13			•				
8.	How you will pay the fee	ab If	out how yo	u may pay. Typically, if you are pay ey is submitting your payment on yo	ring the fee yourself, you may	k's office in your local court for more details pay with cash, cashier's check, or money order. pay with a credit card or check with a				
					hoose this option, sign and at	tach the Application for Individuals to Pay The				
			•	nstallments (Official Form 103A). It my fee be waived (You may red	uest this option only if you are	e filing for Chapter 7. By law, a judge may, but is				
		no	ot required t	o, waive your fee, and may do so o	nly if your income is less than	150% of the official poverty line that applies to				
				ce and you are unable to pay the le Chapter 7 Filing Fee Waived (Offici		se this option, you must fill out the Application your petition.				
9.	Have you filed for bankruptcy within the last 8 years?	■ No.								
	o youro.	□ 1es.	District	V	/hen	Case number				
			District		/hen	Case number				
			District		/hen	Case number				
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by	■ No □ Yes.								
	an affiliate?									
			Debtor			Relationship to you				
			District	W	/hen	Case number, if known				
			Debtor			Relationship to you				
			District		Men	Case number, if known				
11.	Do you rent your residence?	■ No.	Go to I	ine 12.						
		☐ Yes.	Has yo	ur landlord obtained an eviction jud	dgment against you and do yo	u want to stay in your residence?				
				No. Go to line 12.						
				Yes. Fill out <i>Initial Statement Abo</i> bankruptcy petition.	ut an Eviction Judgment Aga	inst You (Form 101A) and file it with this				

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Deb	otor 1 Cajigas, Elizabeth	1	Case number (if known)						
Par	t 3: Report About Any Bus	sinesses '	You Own as a Sole Propriet	ог					
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.						
		☐ Yes.	Name and location of bu	siness					
	A sole proprietorship is a								
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any						
	If you have more than one sole proprietorship, use a separate sheet and attach it		Number, Street, City, Sta	ate & ZIP Code					
	to this petition.		Check the appropriate bo	Check the appropriate box to describe your business:					
			☐ Health Care Busi	ness (as defined in 11 U.S.C. § 101(27A))					
			☐ Single Asset Rea	Estate (as defined in 11 U.S.C. § 101(51B))					
			☐ Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))					
Commodity Broker (as defined in 11 U.S.C. § 101(6))									
			☐ None of the above						
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you indicate that you are a	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure in 11					
	For a definition of small	■ No.	I am not filing under Cha	pter 11.					
	business debtor, see 11 U.S.C. § 101(51D).	□ Nọ.	No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in to Code.						
		☐ Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Co						
Pan	t 4: Report if You Own or	Have Any	Hazardous Property or An	y Property That Needs Immediate Attention					
14.	Do you own or have any property that poses or is	■ No.							
	alleged to pose a threat of imminent and identifiable hazard to public health or	☐ Yes.	What is the hazard?						
	safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?						
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	Number, Street, City, State & Zip Code					

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Debtor 1 Cajigas, Elizabeth						Case number (if known)
Par	5: Explain Your I	Efforts to R	eceive a	Briefing About Credit Counseling		
		At	out De	otor 1:	Abo	ut Debtor 2 (Spouse Only in a Joint Case):
15.	Tell the court whet you have received briefing about cred	a $\blacksquare$	l rece	check one: lived a briefing from an approved credit seling agency within the 180 days before I	You □	must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed
	The law requires that		certi	this bankruptcy petition, and I received a licate of completion.  h a copy of the certificate and the payment plan,		this bankruptcy petition, and I received a certificate of completion.  Attach a copy of the certificate and the payment plan, if any,
	receive a briefing aborderedit counseling bet file for bankruptcy.	ore you 'ou	if any	, that you developed with the agency.		that you developed with the agency.
	must truthfully check the following choices cannot do so, you are eligible to file.	. If you	coun filed	oived a briefing from an approved credit seling agency within the 180 days before I this bankruptcy petition, but I do not have a licate of completion.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
	If you file anyway, the can dismiss your cas will lose whatever filin you paid, and your cr	se, you ng fee reditors	you N plan,	n 14 days after you file this bankruptcy petition, IUST file a copy of the certificate and payment if any.		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	can begin collection activities again.		servi unab days circu	ify that I asked for credit counseling ces from an approved agency, but was le to obtain those services during the 7 after I made my request, and exigent mstances merit a 30-day temporary waiver a requirement.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.  To ask for a 30-day temporary waiver of the requirement,
			requi effort unab what	k for a 30-day temporary waiver of the rement, attach a separate sheet explaining what s you made to obtain the briefing, why you were e to obtain it before you filed for bankruptcy, and exigent circumstances required you to file this		attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
				case may be dismissed if the court is		Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.
			briefi If the still re You r along	dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed,		If the court is satisfied with your reasons, you must stiil receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.
			dismi Any e	. If you do not do so, your case may be ssed. extension of the 30-day deadline is granted only		Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
			l am	nuse and is limited to a maximum of 15 days.  not required to receive a briefing about  t counseling because of:	: 🗆	I am not required to receive a briefing about credit counseling because of:
				Incapacity.  I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.		Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
				Disability.  My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		Disability.  My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
				Active duty. I am currently on active military duty in a military combat zone.		Active duty. I am currently on active military duty in a military combat zone.
			abou	believe you are not required to receive a briefing t credit counseling, you must file a motion for a credit counseling with the court.		If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	otor 1 Cajigas, Elizabeth	1		(if known)						
Par	t 6: Answer These Questi	ons for Re	porting Purposes							
16.	What kind of debts do you have?	16a.			ner debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an amily, or household purpose."					
			□ No. Go to line 16b.							
			Yes. Go to line 17.							
		16b.	<b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.							
			☐ No. Go to line 16c.			*				
			☐ Yes. Go to line 17.							
		16c.	State the type of debts you	owe that are not consume	er debts or business de	ebts				
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapt	er 7. Go to line 18.	o to line 18.					
	Do you estimate that after any exempt property is excluded and	Yes.	I am filing under Chapter 7. paid that funds will be availa	Do you estimate that after able to distribute to unsec	er any exempt property cured creditors?	is excluded and administrative expenses are				
	administrative expenses are paid that funds will be		■ No							
	available for distribution to unsecured creditors?		Yes							
18.	How many Creditors do	<b>1</b> -49		☐ 1,000-5,000	)	□ 25,001-50,000				
	you estimate that you owe?	□ 50-99		5001-10,00		50,001-100,000				
		☐ 100-19 ☐ 200-99		☐ 10,001-25,0	000	☐ More than100,000				
19.	How much do you	□ \$0 - \$	50,000	□ \$1,000,001	- \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?		01 - \$100,000		□ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 bil □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 bil					
			001 - \$500,000 001 - \$1 million		1 - \$100 million 01 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion				
20.	How much do you	□ \$0 - \$		□ \$1,000,001	- \$10 million	☐ \$500,000,001 - \$1 billion				
	estimate your liabilities to be?		01 - \$100,000	\$10,000,00	AND THE RESERVE THE PROPERTY OF THE PROPERTY O	\$1,000,000,001 - \$10 billion				
		10	001 - \$500,000 001 - \$1 million	Married Communication of the C	□ \$50,000,001 - \$100 million □ \$10,000,00 □ \$100,000,001 - \$500 million □ More than \$					
		L \$500,0				— More dian çoo billion				
Par		• •								
For	you					on provided is true and correct.				
		If I have of States Co	chosen to file under Chapter ode. I understand the relief av	r 7, I am aware that I may vailable under each chapt	y proceed, if eligible, uter, and I choose to pro	under Chapter 7, 11,12, or 13 of title 11, Uniterpoceed under Chapter 7.				
		If no attor have obta	rney represents me and I did ained and read the notice requ	not pay or agree to pay s uired by 11 U.S.C. § 342	omeone who is not an (b).	attorney to help me fill out this document, I				
		I request	relief in accordance with the	e chapter of title 11, Unite	ed States Code, speci	ified in this petition.				
	(	I under sta case can	and making a false statement result in tines up to \$250,00	t, concealing property, or 0, or imprisonment for up	obtaining money or pro to 20 years, or both. 1	operty by fraud in connection with a bankruptcy l8 U.S.C. §§ 152, 1341, 1519, and 3571.				
		Elizabe Signature	th Cajigas of Debtor 1		Signature of Debtor	2				
		Executed			Executed on					
			MM / DD / YYYY		MM	/ DD / YYYY				

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Debtor 1 Cajigas, Elizabet	h	Cas	se number (if known)						
For your attorney, if you are represented by one	Chapter 7, 11, 12, or 13 of title 11, United State	s Code, and have explained	formed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the ice required by 11 U.S.C. § 342(b) and, in a case in						
If you are not represented by an attorney, you do not need to file this page.	which § 707(b)(4)(D) applies, certify that I have petition is incorrect.	no knowledge after an inqui	iry that the information in the schedules filed with the						
. •	/s/ Michael R. Richmond	Date	May 17, 2016						
	Signature of Attorney for Debtor		MM / DD / YYYY						
	Michael R. Richmond								
	Printed name								
	Heller & Richmond, Ltd.	Heller & Richmond, Ltd.							
	Firm name		-						
	33 N Dearborn St Ste 1907								
	Chicago, IL 60602-3828								
	Number, Street, City, State & ZIP Code								
	Contact phone (312) 781-6700	Email address	mrichmond@hellerrichmond.com						
	3124632								
	Bar number & State		<del></del>						

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Fill in this	information to identify	your case and th	Document is filing:	Page 8 of 53			
	· · · · · · · · · · · · · · · · · · ·		iis iiiiig.				
Debtor 1	Elizabeth C		le Name	Last Name			
Debtor 2 (Spouse, if fili	ng) First Name	Midd	e Name	Last Name			
United Sta	tes Bankruptcy Court for	the: NORTHER	RN DISTRICT OF ILL	INOIS, EASTERN DIVISI	ON		
Case num	ber			_			Check if this is an amended filing
Officia	l Form 106A/E	3					
Sche	dule A/B: P	roperty					12/15
1. Do you o	scribe Each Residence, B wn or have any legal or ec			wn or Have an Interest In			
□ No. Go	to Part 2.						
■ Yes. \	Where is the property?						
1.1			What is the proper	ty? Check all that apply			
382/	W 59th St		☐ Single-family	/ home			or exemptions. Put ims on Schedule D:
	address, if available, or other de	scription		ulti-unit building m or cooperative			ecured by Property.
			☐ Manufacture	d or mobile home	Current value of	the Cu	urrent value of the
Chic		60629-4502	Land		entire property?	•	ortion you own?
City	State	ZIP Code	☐ Investment p☐ Timeshare☐ Other☐	oroperty st in the property? Check on	(such as fee sim	ure of your o	\$105,000.00 ownership interest by the entireties, or

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$105,000.00

**Fee Simple** 

Check if this is community property (see instructions)

Part 2: Describe Your Vehicles

County

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

■ Debtor 1 only
□ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

property identification number:

lacksquare At least one of the debtors and another

Other information you wish to add about this item, such as local

D	ebto		Case 16 Cajigas, El		Doc 1	Filed 06/09/16 Document	Entered 06/ Page 9 of 53	709/16 08:31:17 3 Case number (if known)		sc Main
					tutility vehic	cles, motorcycles				
		•	, trucks, tra	ctors, sport	dunity vern	cies, motorcycles				
	Y	es								
;		Make:	Ford Mustan	<u> </u>		Who has an interest in the	property? Check one	the amount of ar	ny secure	aims or exemptions. Put ed claims on Schedule D: ms Secured by Property.
		Model: Year:	2012	9	<del></del>	■ Debtor 1 only □ Debtor 2 only				, , ,
			mate mileage:			Debtor 1 and Debtor 2 or	nly	Current value o entire property		Current value of the portion you own?
	_	Other in	formation:			☐ At least one of the debto	rs and another			
						Check if this is commu	nity property	\$7,00	0.00	\$7,000.00
5	.you	d the du have	attached for	Part 2. Wri	ite that numi	for all of your entries fro ber here				\$7,000.00
					ousehold Item	ns rest in any of the followin	a items?			Current value of the
,	ОуО	u own	or nave any	legal of eq	ultable iliter	est in any of the followin	y items:		ļ	portion you own? Do not deduct secured claims or exemptions.
6.		amples: No	goods and Major applia			nina, kitchenware				
				furnitu	re					\$1,000.00
7.	Exa	No	Televisions a	ell phones, o	cameras, med	stereo, and digital equipme dia players, games nd 6 year old comput		rs, scanners; music colle	ections;	electronic devices
8.	Exa	amples: No			paintings, prir a, collectibles	nts, or other artwork; books s	, pictures, or other a	rt objects; stamp, coin, o	r baseba	all card collections; other
9.	Equ Exa	i <b>ipment</b> a <i>mpl</i> es:	for sports	ographic, ex		ther hobby equipment; bicy	cles, pool tables, gol	lf clubs, skis; canoes and	d kayaks	s; carpentry tools; musical
10	<i>E</i> :	No	s: Pistols, riflo	es, shotgun	s, ammunitio	n, and related equipment				

D-		Case 16		Doc 1		06/09/16 ument	Entered Page 10	d 06/09/16 08:31:17 of 53 Case number (if know	7 Desc Main
DE	ebtor 1	Cajigas, Eli	ızabetn					Case number (if know	<u> </u>
	□ No É	<b>s</b> oles: Everyday cl Describe		leather coats,			ccessories		\$900.00
	■ No		ewelry, costu	ime jewelry, er	ngagement i	rings, wedding	g rings, heirloor	m jewelry, watches, gems, go	ld, silver
	Examp ■ No	rm animals oles: Dogs, cats,	birds, hors	es					
	⊔ Yes.	Describe							
	■ No	her personal ar			did not alı	eady list, ind	cluding any he	ealth aids you did not list	
15		he dollar value 3. Write that nu						ages you have attached fo	\$2,000.00
		scribe Your Fina							
Do	you ow	n or have any	legal or eq	uitable intere	est in any o	f the followir	ng?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
	■ No	oles: Money you	•			·	box, and on ha	and when you file your petition	
	Examp						deposit; shares itution, list eac	in credit unions, brokerage h h.	ouses, and other similar
	□ No ■ Yes					Institution n	ame:		
			474	Savings A	ooount	Chase			\$50.00
			17.1.	Savings A	CCOUIT	<u> </u>			
			17.2.	Checking A	Account	Chase Ba	nnk		\$289.00
		, <b>mutual funds,</b> ples: Bond funds				e firms, money	/ market accoui	nts	
	☐ Yes		I	nstitution or is	ssuer name	:			
	Non-pu joint vo ■ No		tock and in	terests in inc	corporated	and unincor	porated busin	nesses, including an intere	st in an LLC, partnership, and
		Give specific ir		bout them e of entity:				% of ownership:	
	Negotia	nment and corp jable instruments egotiable instrun	s include pe	rsonal checks,	, cashiers' c	hecks, promis	ssory notes, an	nd money orders.	

Official Form 106A/B Schedule A/B: Property page 3

		Case 16-18990	Doc 1	Filed 06/09/16	Entered 06/09/16 08:31:17	Desc Main				
D	ebtor 1	Cajigas, Elizabeth		Document	Page 11 of 53 Case number (if known)					
	☐ Yes.	Give specific information abo	out them r name:							
21		nent or pension accounts oles: Interests in IRA, ERISA	, Keogh, 401(l	k), 403(b), thrift savings	accounts, or other pension or profit-sharing p	olans				
	☐ Yes.	List each account separately. Type of	account:	Institution n	ame:					
22	22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others									
	■ No □ Yes.			Institution n	ame or individual:					
23	. Annuiti	es (A contract for a periodic	payment of mo	oney to you, either for life	e or for a number of years)					
	☐ Yes	lssuer name	and descriptio	on.						
24		C. §§ 530(b)(1), 529A(b), and	d 529(b)(1).		ram, or under a qualified state tuition progression records of any interests.11 U.S.C. § 521(c):	ram.				
0.5			·	, ,	, , ,	-tbla famous base fit				
25	■ No	Give specific information ab		y (other than anything	listed in line 1), and rights or powers exer	cisable for your benefit				
26		s, copyrights, trademarks, oles: Internet domain names,								
	☐ Yes.	Give specific information ab	out them							
27		es, franchises, and other goles: Building permits, exclusion			oldings, liquor licenses, professional licenses					
	☐ Yes.	Give specific information ab	out them							
M	oney or	property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.				
28	_	unds owed to you								
	■ No □ Yes.	Give specific information abo	ut them, includ	ding whether you already	y filed the returns and the tax years					
29	■ No	oles: Past due or lump sum a	ılimony, spous	sal support, child suppo	rt, maintenance, divorce settlement, property	settlement				
	⊔ Yes.	Give specific information								
30	Examp	mounts someone owes you bles: Unpaid wages, disability unpaid loans you made	insurance pay		s, sick pay, vacation pay, workers' compensat	ion, Social Security benefits;				
	■ No □ Yes.	Give specific information								
31		ts in insurance policies bles: Health, disability, or life i	nsurance; hea	alth savings account (HS	SA); credit, homeowner's, or renter's insurance					
	☐ Yes.	Name the insurance compan	y of each polic	cy and list its value.						

	Case 16-18990		06/09/16	Entered 06/09/16 08:31:17	Desc Main
Debtor 1	Cajigas, Elizabeth	DC	cument	Page 12 of 53 Case number (if known)	
	Com	pany name:		Beneficiary:	Surrender or refund value:
If you a died. ■ No	erest in property that is do are the beneficiary of a living Give specific information			ance policy, or are currently entitled to receive p	property because someone has
Examp ■ No —	against third parties, whe ples: Accidents, employment Describe each claim			or made a demand for payment to sue	
■ No	Describe each claim	d claims of every na	ature, including	counterclaims of the debtor and rights to s	et off claims
■ No	ancial assets you did not a Give specific information	already list			
	he dollar value of all of yo I. Write that number here			entries for pages you have attached for	\$339.00
Part 5: Des	scribe Any Business-Related	Property You Own or	Have an Interest Ir	n. List any real estate in Part 1.	
No. Go	own or have any legal or equit to Part 6. So to line 38.	able interest in any bu	isiness-related pro	operty?	
	scribe Any Farm- and Comme ou own or have an interest in fa		Property You Own	or Have an Interest In.	
■ No.	own or have any legal or Go to Part 7. . Go to line 47.	equitable interest in	any farm- or co	mmercial fishing-related property?	
Part 7:	Describe All Property You	Own or Have an Intere	st in That You Did	Not List Above	
Examp ■ No	have other property of an oles: Season tickets, country	club membership	already list?		

Official Form 106A/B Schedule A/B: Property page 5

\$0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

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Case number (if known) Document Debtor 1 Cajigas, Elizabeth

Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ...... \$105,000.00 Part 2: Total vehicles, line 5 56. \$7,000.00 Part 3: Total personal and household items, line 15 57. \$2,000.00 58. Part 4: Total financial assets, line 36 \$339.00 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$9,339.00 Copy personal property total \$9,339.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$114,339.00

page 6 Official Form 106A/B Schedule A/B: Property

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Fill in this inforn	nation to identify your	case:		
Debtor 1	Elizabeth Cajigas	<b>S</b>		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVI	ISION
Case number _ (if known)				

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	Part 1:	Identify the Property You Claim as Exempt
--	---------	---

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Schedule A/B that lists this property	portion you own	· · · · · · · · · · · · · · · · · · ·		Specific laws that allow exemption
	Copy the value from Check only one box for each exemption. Schedule A/B			
3824 W 59th St	\$105,000.00		\$15,000.00	735 ILCS 5/12-901
Chicago IL, 60629-4502 Line from Schedule A/B. 1.1			100% of fair market value, up to any applicable statutory limit	
Ford Mustang	\$7,000.00		\$2,400.00	735 ILCS 5/12-1001(c)
2012 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
furniture Line from Schedule A/B 6.1	\$1,000.00		\$1,000.00	735 ILCS 5/12-1001(b)
Enterior Governor V.D. G.1			100% of fair market value, up to any applicable statutory limit	
1 flat screen tv and 6 year old computer	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
necessary wearing apparel Line from Schedule A/B 11.1	\$900.00		\$900.00	735 ILCS 5/12-1001(a)
Enterior Conceder / V.Z. 1111			100% of fair market value, up to any applicable statutory limit	

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	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	· · · · · · · · · · · · · · · · · · ·		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	Chase Line from Schedule A/B 17.1	\$50.00		\$50.00	735 ILCS 5/12-1001(b)	
	Line from Schedule A/b. 17.1			100% of fair market value, up to any applicable statutory limit		
	Chase Bank Line from Schedule A/B 17.2	\$289.00		\$289.00	735 ILCS 5/12-1001(b)	
	Ellie Holli Schedule A/E. 17.2			100% of fair market value, up to any applicable statutory limit		
3.	<ol> <li>Are you claiming a homestead exemption of more than \$160,375?</li> <li>(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)</li> </ol>					
	No					
	☐ Yes. Did you acquire the property covered	by the exemption within	1,21	5 days before you filed this case?		
	□ No					

☐ Yes

Case 16-18990 Doc 1 Filed 06/09/16 Entered 06/09/16 08:31:17 Desc Main Document Page 16 of 53 Fill in this information to identify your case: Debtor 1 Elizabeth Cajigas Middle Name Last Name First Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION Case number (if known) ☐ Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if 1. Do any creditors have claims secured by your property? ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column A Column B Column C 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Amount of claim Value of collateral Unsecured portion much as possible, list the claims in alphabetical order according to the creditor 's name. Do not deduct the that supports this value of collateral. claim \$3,351.00 Carfinance.com Describe the property that secures the claim: \$10,351.00 \$7.000.00 Creditor's Name 2012 Ford Mustang 7525 Irvine Center Drive As of the date you file, the claim is: Check all that Irvine, CA 92618 ☐ Contingent Number, Street, City, State & Zip Code ■ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured ■ Debtor 1 only car loan) Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Check if this claim relates to a auto loan Other (including a right to offset) community debt Date debt was incurred 08/01/2013 Last 4 digits of account number 0001 Describe the property that secures the claim: \$140,660.00 \$105,000.00 Citimortgage Inc \$35,660.00 3824 W 59th St, Chicago, IL 60629-4502 PO Box 9438 As of the date you file, the claim is: Check all that Gaithersburg, MD 20898-9438 ☐ Contingent ■ Unliquidated Number, Street, City, State & Zip Code ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured

■ Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a

community debt

Date debt was incurred 03/01/2006

☐ Statutory lien (such as tax lien, mechanic's lien)

car loan)

Judgment lien from a lawsuit

Other (including a right to offset)

Mortgage

Last 4 digits of account number 1866 Case 16-18990 Doc 1 Filed 06/09/16 Entered 06/09/16 08:31:17 Desc Main Document Page 17 of 53

Debtor 1	1 Elizabeth Cajigas			Case number (f know)		
	First Name	Middle Name	Last Name			
	•		is page. Write that number here	e:	\$151,011.00	
	the last page of yo t number here:	our form, add the dollar valu	e totals from all pages.		\$151,011.00	
Part 2:	List Others to I	Be Notified for a Debt Tha	at You Already Listed			
trying to than one	collect from you for creditor for any or	or a debt you owe to someo	out your bankruptcy for a debt ne else, list the creditor in Part Part 1, list the additional cred	t 1, and then list t	the collection agency here.	Similarly, if you have more
	ame, Number, Stree	et, City, State & Zip Code		On which line in	n Part 1 did you enter the cred	ditor?
	ttn: Bankrupto O Box 6423	су		Last 4 digits of	account number	
S	ioux Falls, SD	57117				

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		Documen	t Page 1	8 of 53		
Fill in this in	nformation to identify your ca	se:				
Debtor 1	Elizabeth Cajigas					
	First Name	Middle Name	Last Name		)	
Debtor 2						
(Spouse if, filing	) First Name	Middle Name	Last Name			
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT O	F ILLINOIS, EAS	TERN DIVISION		
0						
Case number (if known)	er				Пс	heck if this is an
						mended filing
						3
Official F	orm 106E/F					
Schedul	e E/F: Creditors Wh	no Have Unsecur	ed Claims			12/15
any executory Schedule G: E D: Creditors V	te and accurate as possible. Use contracts or unexpired leases the executory Contracts and Unexpire Who Have Claims Secured by Pro- ion Page to this page. If you have (if known).	at could result in a claim. A ed Leases (Official Form 106 perty. If more space is neede	Iso list executory of G). Do not include a d, copy the Part yo	ontracts on Schedule A/E any creditors with partiall ou need, fill it out, number	3: Property (Officially secured claims to the later the entries in the later	I Form 106A/B) and on hat are listed in Schedule boxes on the left. Attach
Part 1: L	ist All of Your PRIORITY Unse	ecured Claims				
1. Do any c	reditors have priority unsecured	claims against you?				
No. G	o to Part 2.					
☐ Yes.						
Part 2: L	ist All of Your NONPRIORITY	Unsecured Claims				
3. Do any c	reditors have nonpriority unsecu	red claims against you?				
☐ No. Yo	ou have nothing to report in this par	t. Submit this form to the court	with your other sche	edules.		
Yes.						
unsecure	f your nonpriority unsecured clain d claim, list the creditor separately f creditor holds a particular claim, list	or each claim. For each claim l	isted, identify what t	ype of claim it is. Do not lis	t claims already inclu	uded in Part 1. If more
						Total claim
4.1 <b>Ava</b>	ant Inc	Last 4 digits o	f account number	5266		\$3,410.00
	oriority Creditor's Name					
222	N La Salle St	When was the	debt incurred?	06/01/2015		
	cago, IL 60601-1003					
	ber Street City State Zlp Code	As of the date	you file, the claim	is: Check all that apply		
Who	incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated	d			
	Debtor 1 and Debtor 2 only	☐ Disputed				
	at least one of the debtors and anoth	Type of NONP	RIORITY unsecure	d claim:		
	Check if this claim is for a commu	□ - · · · ·	ns			
debt	!	☐ Obligations		aration agreement or divorc	e that you did not	
	e claim subject to offset?	report as priorit	•			
■ N		•	·	g plans, and other similar of	pents	
□ Y	'es	Other. Spec	cify			

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Case number (f know)

Debtor 1 Cajigas, Elizabeth 4.2 \$1,052.00 **Barclays Bank Delaware** Last 4 digits of account number 2571 Nonpriority Creditor's Name When was the debt incurred? 06/01/2015 PO Box 8803 Wilmington, DE 19899-8803 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 Capital One Bank USA N Last 4 digits of account number 8567 \$829.00 Nonpriority Creditor's Name When was the debt incurred? 01/01/2015 15000 Capital One Dr Richmond, VA 23238-1119 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.4 COMED Last 4 digits of account number \$321.00 3023 Nonpriority Creditor's Name When was the debt incurred? 2016 **BILL PAYMENT CENTER** CHICAGO, IL 60668-0001 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed  $\square$  At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Cajigas, Elizabeth		Case number (f know)	
Comenity Bank/Nwyrk&Co Nonpriority Creditor's Name	Last 4 digits of account number	7238	\$304.00
	When was the debt incurred?	06/01/2012	
220 W Schrock Rd			
Westerville, OH 43081-2873  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	•		
Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?		aration agreement or divorce that you did not	
No	report as priority claims  Debts to pension or profit-sharir	og plane, and other similar debts	
	<u> </u>		
Yes	Other. Specify		
Credit One Bank NA	Last 4 digits of account number	5319	\$1,438.00
Nonpriority Creditor's Name	- Mhan was the daht incomed?	00/04/0040	
PO Box 98872	When was the debt incurred?	06/01/2012	
Las Vegas, NV 89193-8872			
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify		
Discover Fin Svcs LLC	Last 4 digits of account number	5330	\$1,340.00
Nonpriority Creditor's Name			Ψ1,0-10.00
DO D 45040	When was the debt incurred?	07/01/2014	
PO Box 15316 Wilmington, DE 19850-5316			
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	•		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other Specify		

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Debtor 1 Cajigas, Elizabeth Case number (if know) 4.8 \$3,138.00 Fed Loan Serv Last 4 digits of account number 0001 Nonpriority Creditor's Name When was the debt incurred? 06/01/2011 PO Box 60610 Harrisburg, PA 17106-0610 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.9 **First Premier Bank** Last 4 digits of account number 7342 \$684.00 Nonpriority Creditor's Name When was the debt incurred? 12/01/2015 3820 N Louise Ave Sioux Falls, SD 57107-0145 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.10 **Merrick Bank** Last 4 digits of account number \$1,017.00 4547 Nonpriority Creditor's Name When was the debt incurred? 05/01/2014 PO Box 9201 Old Bethpage, NY 11804-9001 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed  $\square$  At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Debtor 1 Cajigas, Elizabeth Case number (if know) 4.11 \$1,090.00 **Peoples Engy** Last 4 digits of account number 4418 Nonpriority Creditor's Name When was the debt incurred? 04/17/2008 200 E Randolph St Chicago, IL 60601-6436 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.12 **Personal Finance** Last 4 digits of account number 8601 \$2,416.00 Nonpriority Creditor's Name When was the debt incurred? 09/01/2015 6392 S Cass Ave Westmont, IL 60559-3207 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.13 Last 4 digits of account number \$252.00 Syncb/amazon 1345 Nonpriority Creditor's Name When was the debt incurred? 12/01/2015 PO Box 965015 Orlando, FL 32896-5015 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed  $\square$  At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Cajigas, Elizabeth Case number (f know)

Debtor	Cajigas, Elizabeth	Case number (f know)					
4.14	Syncb/Walmart	Last 4 digits of account number	8161	\$542.00			
	Nonpriority Creditor's Name	When was the debt incurred?	09/01/2015				
	PO Box 965024						
	Orlando, FL 32896-5024						
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the clain	is: Check all that apply				
	_	П					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:				
	☐ Check if this claim is for a community debt	☐ Student loans					
	Is the claim subject to offset?	report as priority claims	paration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-shar	ing plans, and other similar debts				
	☐ Yes	<u> </u>					
4.15	University Anesthesiologists Nonpriority Creditor's Name	Last 4 digits of account number		\$95.00			
		When was the debt incurred?	09/01/2014				
-	Number Street City State Zlp Code	As of the date you file, the clain	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt	Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify					
Part 3:	List Others to Be Notified About a Deb	ot That You Already Listed					
is tryir have n	ng to collect from you for a debt you owe to so	omeone else, list the original creditor in the you listed in Parts 1 or 2, list the add or submit this page.	you already listed in Parts 1 or 2. For example n Parts 1 or 2, then list the collection agency I litional creditors here. If you do not have addit	nere. Similarly, if you			
	d Address	On which entry in Part 1 or Part 2 did yo					
	Systems Co Kiefer Dr Ste 1	′	<ul><li>□ Part 1: Creditors with Priority Unsecured Clain</li><li>□ Part 2: Creditors with Nonpriority Unsecured C</li></ul>				
	L 60099-5105		Part 2: Creditors with Nonpriority Unsecured C	laims			
		Last 4 digits of account number	2491				
	d Address	On which entry in Part 1 or Part 2 did yo					
	Systems Co Kiefer Dr Ste 1		Part 1: Creditors with Priority Unsecured Clain				
	L 60099-5105		Part 2: Creditors with Nonpriority Unsecured C	Claims			
		Last 4 digits of account number	2491				
	d Address	On which entry in Part 1 or Part 2 did yo					
	Credit, Inc		Part 1: Creditors with Priority Unsecured Clain				
	La Salle Dr Ste 535 go, IL 60654-3731		Part 2: Creditors with Nonpriority Unsecured C	Claims			
		Last 4 digits of account number	5266				
Name ar	d Address	On which entry in Part 1 or Part 2 did yo					
	ys Bank Delaware		Part 1: Creditors with Priority Unsecured Clain				
	x 8801 ngton, DE 19899-8801		Part 2: Creditors with Nonpriority Unsecured C	Claims			
**!!!!!!	igion, DE 19039-0001	Last 4 digits of account number					

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		2571
Name and Address Capital One	On which entry in Part 1 or Part 2 die Line <u>4.3</u> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 30285 Salt Lake City, UT 84130-0285		Part 2: Creditors with Nonpriority Unsecured Claims
Can Lake Oity, 01 04100 0200	Last 4 digits of account number	8567
Name and Address  Comenity Bank/New York &	On which entry in Part 1 or Part 2 die Line <u>4.5</u> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims
Company PO Box 182125 Columbus, OH 43218-2125		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	7238
Name and Address	On which entry in Part 1 or Part 2 die	· ·
Credit One Bank NA PO Box 98873	Line 4.6 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Las Vegas, NV 89193-8873		Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	5319
Name and Address Discover Financial	On which entry in Part 1 or Part 2 die	· ·
Attn: Bankruptcy	Line 4.7 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
PO Box 3025		■ Part 2: Creditors with Nonpriority Unsecured Claims
New Albany, OH 43054-3025	Last 4 digits of account number	5330
Name and Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?
Fed Loan Servicing	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 69184 Harrisburg, PA 17106-9184		Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	0001
Name and Address	On which entry in Part 1 or Part 2 die	· _
Merrick Bank/Geico Card	Line <b>4.10</b> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Claims
PO Box 23356 Pittsburgh, PA 15222-6356		■ Part 2: Creditors with Nonpriority Unsecured Claims
<b>3</b> ,	Last 4 digits of account number	4547
Name and Address	On which entry in Part 1 or Part 2 die	, _ ·
Peoples Gas 200 E Randolph St Fl 20	Line <b>4.11</b> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Claims
Chicago, IL 60601-6431		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	4418
Name and Address	On which entry in Part 1 or Part 2 die	, _ ·
Synchrony Bank/Amazon Attn: Bankruptcy	Line 4.13 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
PO Box 103104		■ Part 2: Creditors with Nonpriority Unsecured Claims
Roswell, GA 30076-9104	Last 4 digits of account number	1345
Name and Address Synchrony Bank/Walmart	On which entry in Part 1 or Part 2 did Line <b>4.14</b> of (Check one):	d you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims
Attn: Bankruptcy	zino <u></u> or ( <i>oricon cho).</i>	Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 103104		Tan 21 disance man non-priority disassarias diamina
Roswell, GA 30076-9104	Last 4 digits of account number	8161
Part 4: Add the Amounts for Each Type of	Linearurad Claim	
•		ical reporting purposes only. 28 U.S.C. §159. Add the amounts for each
type of unsecured claim.		. 5, , ,
0	iana	Total Claim
6a. Domestic support obligati	ions	6a. \$

Official Form 106 E/F

Debtor 1 Cajigas, Elizabeth

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Case number (f know)

#### Debtor 1 Cajigas, Elizabeth from Part 1 Taxes and certain other debts you owe the government 6b. \$ 0.00 Claims for death or personal injury while you were intoxicated 6c. 6c. 0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 6e. 0.00 **Total Claim** Student loans 6f. 6f. 0.00 Total claims from Part 2 6g. Obligations arising out of a separation agreement or divorce that 0.00 6g. you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 6i. 6i. 17,928.00 here. Total Nonpriority. Add lines 6f through 6i. 6j. 17,928.00

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			111 FAUE / 0 UL 33				
Fill in this infor	Fill in this information to identify your case:						
Debtor 1	Elizabeth Cajigas	S					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVISIO	N			
Case number							
,							

#### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person o	r company with Name, Number	whom you have the r, Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				<del>_</del>
	Number	Street			<del>_</del>
	City		State	ZIP Code	
2.2					
	Name				<del></del>
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3					
	Name				<del>_</del>
	Number	Street			<del>_</del>
	Number	Olicci			
	City		State	ZIP Code	<del></del>
2.4					
	Name				<del></del>
	Number	Street			<u> </u>
	Number	Street			
	City		State	ZIP Code	<del>_</del>
2.5	J.,		Oldio	2 0000	
	Name				<del>_</del>
	Nicosia	O4 4			<u> </u>
	Number	Street			
	City		State	ZIP Code	<del></del>
	Oity		State	Zii 0006	

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		Docume	<u>nt Page 27 d</u>	of 53
Fill in this i	nformation to identify your	case:		
Debtor 1	Elizabeth Cajigas	•		
Debior 1	First Name	Middle Name	Last Name	<del></del>
Debtor 2				
(Spouse if, filing	j) First Name	Middle Name	Last Name	
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTER	RN DIVISION
Case number	er			
(if known)				☐ Check if this is an amended filing
O((; ; )	F 40011			
	Form 106H	. 1. 4		
Schedi	ule H: Your Cod	eptors		12/15
Californ ■ No. ( □ Yes.	iia, Idaho, Louisiana, Nevada, Go to line 3. Did your spouse, former spou	, New Mexico, Puerto Rico, se, or legal equivalent live w	Texas, Washington, an	(Community property states and territories include Arizonal divisions.) f your spouse is filing with you. List the person shown in
	Schedule E/F (Official Form			e you have listed the creditor on Schedule D (Official For se Schedule D, Schedule E/F, or Schedule G to fill out
	column 1: Your codebtor ame, Number, Street, City, State and Z	IIP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1				☐ Schedule D, line
	lame			☐ Schedule E/F, line
				☐ Schedule G, line
	lumber Street ity	State	ZIP Code	
3.2	lame			Schedule D, line
IN	umo			☐ Schedule E/F, line
				☐ Schedule G, line
N	lumber Street			_
С	ity	State	ZIP Code	

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=:11	in this information to	:-									
	in this information to btor 1	Elizabeth Ca									
	btor 2	<u> LiiLubotii Gu</u>	jiguo			_					
(Spo	ouse, if filing)										
Uni	ited States Bankrupto	cy Court for the:	NORTHERN DISTRIC	CT OF ILLINOIS, EAST	ERN						
Cas	se number						Check	if this is:			
	nown)			-				amende			
									ent showing of the follow	g postpetition of wing date:	chapter 13
0	fficial Form	106 <u>l</u>					M	M / DD/ \	/YYY		
S	chedule I: Y	our Inco	me					.,, 55, 1			12/1
spo atta	use. If you are sepa ch a separate sheet	rated and your	re married and not filin spouse is not filing wit n the top of any additio	h you, do not include	informa	ation a	about yo	our spou	se. If more	e space is ne	eded,
1.	Fill in your employ information.	yment		Debtor 1				Debtor 2	or non-fi	ling spouse	
	If you have more than one job,	Empleyment status	Employed	■ Employed			☐ Empl	oyed			
	attach a separate page with information about additional employers.		Employment status	☐ Not employed				☐ Not e	mployed		
			Occupation								
	Include part-time, s self-employed work		Employer's name	McDonald Hopk	ns						
	Occupation may in homemaker, if it ap		Employer's address	300 N La Salle D Chicago, IL 6065							
			How long employed th	nere? <u>6 years</u>				_			
Pai	rt 2: Give Deta	ails About Mont	thly Income								
	mate monthly inconss you are separated.		te you file this form. If y	ou have nothing to repo	rt for an	y line,	write \$0	in the spa	ace. Includ	le your non-filir	ng spouse
	u or your non-filing sp ce, attach a separate s		than one employer, comb	bine the information for	all emplo	oyers f	for that pe	erson on	the lines b	elow. If you ne	eed more
						ŀ	For Debt	tor 1		btor 2 or ing spouse	
2.			y, and commissions (be liculate what the monthly v		2.	\$_	6,1	148.00	\$	N/A	
3.	Estimate and list I	monthly overting	ne pay.		3.	+\$_		0.00	+\$	N/A	- -
4.	Calculate gross In	ncome. Add line	e 2 + line 3.		4.	\$	6 14	8 00	<b>S</b>	N/A	

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Debtor	· 1 -	Cajigas, Elizabeth	_	Case	number ( <i>if known</i> )		
				For	Debtor 1	For Deb	tor 2 or g spouse
(	Copy	y line 4 here	4.	\$	6,148.00	\$	N/A
5. <b>L</b>	_ist :	all payroll deductions:					
Ę	āa.	Tax, Medicare, and Social Security deductions	5a.	\$	1,487.68	\$	N/A
5	ōb.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A
5	БС.	Voluntary contributions for retirement plans	5c.	\$	200.00	\$	N/A
5	ōd.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A
5	ē.	Insurance	5e.	\$	240.00	\$	N/A
5	ōf.	Domestic support obligations	5f.	\$	0.00	\$	N/A
5	īg.	Union dues	5g.	\$	0.00	\$	N/A
5	ōh.	Other deductions. Specify: transportation	5h.+	_		⊦\$	N/A
		Loans		\$	260.00	\$	N/A
6. <i>I</i>	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,299.68	\$	N/A
7. (	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,848.32	\$	N/A
	<b>₋ist</b> a Ba.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A
۶	Bb.	Interest and dividends	8b.	<u>\$</u> —	0.00	\$	N/A
	Bc.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		<u> </u>	0.00	<u> </u>	<u> NA</u>
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A
8	3d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A
8	Зe.	Social Security	8e.	\$	0.00	\$	N/A
8	Bf.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A
8	3g.	Pension or retirement income	8g.	\$	0.00	\$	N/A
8	ßh.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	N/A
). <i>I</i>	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A
		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	3	3,848.32 + \$_	N	/A = \$ 3,848.32
] [	nclu other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your definition or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not availify:	ependen		•	Schedule J	1. +\$ <b>0.0</b> (
		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain			,		2. <b>\$ 3,848.32</b>
40 <del>-</del>							Combined monthly income
ı	Jo y ■ ¬	ou expect an increase or decrease within the year after you file this form?  No.  Yes Evoluin:	f 				

Fill in this info	ormation to identify you	ır case:				
Debtor 1	Elizabeth Caj			Che	ck if this is:	
	Elizabetii Caji	iyas	_		An amended filing	
Debtor 2 (Spouse, if filin	g)				A supplement show expenses as of the	ing postpetition chapter 13 following date:
United States I	Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLING	OIS,		MM / DD / YYYY	
Case number (If known)						
Official	Form 106J	_				
Schedu	ıle J: Your E	xpenses				12/1:
information. (if known). A	If more space is need answer every question					
	escribe Your Househ i joint case?	old				
	Go to line 2.  Does Debtor 2 live in	a separate household?				
	□ No □ Yes. Debtor 2 must	file Official Form 106J-2,Expenses	for Separate Househ	oldof Debto	or 2.	
2. Do you	have dependents?	□No				
Do not I Debtor 2	ist Debtor 1 and 2.	Yes. Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
Do not s	state the					□ No
depende	ents names.		son			Yes
			son		30	□ No ■ Yes
						□ No
						Yes
						□ No
expens	r expenses include es of people other tha f and your dependent	1 1 Voo			_	☐ Yes
Estimate you	of a date after the ba	g Monthly Expenses Ir bankruptcy filing date unless yo nkruptcy is filed. If this is a supple				
	h assistance and have	on-cash government assistance if ye included it on Schedule I: Your I			Your exp	enses
•	•					
	tal or home ownershi ts and any rent for the g	p expenses for your residence. Income or lot.	clude first mortgage	4. \$	\$	700.00
If not in	cluded in line 4:					
4a. R	eal estate taxes			4a. S	\$	0.00
	roperty, homeowner's, o			4b. \$	·	0.00
	•	air, and upkeep expenses		4c. \$	·	100.00
		n or condominium dues Its for your residence, such as hom	ne equity loans	4d. \$ 5. \$	·	0.00

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btor 1 _C	ajigas, Elizabeth	Case num	nber (if knov	wn)
Utilities	:			
6a. El	lectricity, heat, natural gas	6a.	\$	450.00
6b. W	ater, sewer, garbage collection	6b.	\$	120.00
	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	500.00
	ther. Specify:	6d.		0.00
	nd housekeeping supplies	7.	· —	650.00
	re and children's education costs	8.	· —	0.00
	g, laundry, and dry cleaning	9.	· —	
•			·	200.00
	al care products and services	10.		150.00
	and dental expenses	11.	\$	100.00
	ortation. Include gas, maintenance, bus or train fare.	12.	<b>Q</b>	220.00
	nclude car payments.		·	
	nment, clubs, recreation, newspapers, magazines, and books	13.		0.00
	ole contributions and religious donations	14.	\$	0.00
Insuran				
	nclude insurance deducted from your pay or included in lines 4 or 20.	45-	¢.	0.00
	fe insurance	15a.	· —	0.00
	ealth insurance	15b.	· · —	0.00
	ehicle insurance	15c.	· —	125.00
	ther insurance. Specify:	15d.	\$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.			
Specify:		16.	\$	0.00
	ent or lease payments:			
	ar payments for Vehicle 1	17a.	\$	460.00
17b. C	ar payments for Vehicle 2	17b.	\$	0.00
17c. O	ther. Specify:	17c.	\$	0.00
17d. O	ther. Specify:	17d.	\$	0.00
Your pa	yments of alimony, maintenance, and support that you did not rep	ort as		
	ed from your pay on line 5, Schedule I, Your Income (Official Form		\$	0.00
Other pa	ayments you make to support others who do not live with you.		\$	0.00
Specify:		19.		_
	eal property expenses not included in lines 4 or 5 of this form or or			•
20a. M	ortgages on other property	20a.	\$	0.00
20b. R	eal estate taxes	20b.	\$	0.00
20c. P	roperty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. M	aintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. H	omeowner's association or condominium dues	20e.	\$	0.00
Other: S	Specify: student loans		+\$	60.00
• • • • • • • • • • • • • • • • • • • •	Student loans			00.00
	te your monthly expenses			
22a. Add	d lines 4 through 21.		\$	3,835.00
22b. Co	by line 22 (monthly expenses for Debtor 2), if any, from Official Form 1	06J-2	\$	
22c. Add	d line 22a and 22b. The result is your monthly expenses.		\$ <del></del>	3,835.00
				3,033.00
	te your monthly net income.			
23a. C	opy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,848.32
23b. C	opy your monthly expenses from line 22c above.	23b.	-\$	3,835.00
			$\overline{}$	•
23c. S	ubtract your monthly expenses from your monthly income.			40.00
	ne result is your monthly net income.	23c.	\$	13.32
For exam modificati	expect an increase or decrease in your expenses within the year at ple, do you expect to finish paying for your car loan within the year or do you expon to the terms of your mortgage?			increase or decrease because of a
No.				
☐ Yes.	Explain here:			

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Fill in this infor	rmation to identify you	r case:	10 STATE			
Debtor 1	Elizabeth Cajig					
	First Name	Middle Name	Last Name		1	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EAST	ERN DIVISION		
Case number		2			1	
(if known)						Check if this is an amended filing
Official For	m 106Dec					
		an Individual	Debtor's	Schedules		12/15
200.4.4			20010.0			12/10
If two married p	eople are filing togeth	er, both are equally respon	sible for supplying	correct information.		
You must file th	is form whenever you	file bankruptcy schedules	or amended schedu	ıles. Making a false sta	tement, conc	ealing property, or
obtaining mone		in connection with a bankı				
years, or both.	18 0.3.0. 99 132, 1341,	1519, and 3571.				
Sig	gn Below					
Did you pa	ay or agree to pay son	neone who is NOT an attorr	ey to help you fill o	ut bankruptcy forms?		
■ No						
■ No						
☐ Yes.	Name of person					ition Preparer's Notice, ature (Official Form 119)
					57	
Under pen	ty of perjury, I declar	e that I have read the sumr	nary and schedules	filed with this declarat	tion and	
that they a	re true and correct.					
(X		ane s	X	(5		
Elizati Signati	peth Cajigas //	710	Signatu	re of Debtor 2		
Date	May 16, 2016		Date			
Date	way 10, 2010		Date			

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Fill in this information to identify your case:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Debtor 1 Elizabeth Cajigas
First Name Middle Name Last Name
Debtor 2
(Spouse if, filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION
Case number
(if known)

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	105,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	32,339.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	137,339.00
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	151,011.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F	\$	17,928.00
	Your total liabilities	\$	168,939.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I	\$	3,848.32
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,835.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your of	her schedu	ules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a per purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159.	ersonal, fa	mily, or household

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules.

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Page 34 of 53 Case number (if known) Debtor 1 Cajigas, Elizabeth

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11: <b>OR</b> . Form 122B Line 11: <b>OR</b> . Form 122C-1 Line 14.

6,148.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	1
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Fil	in th	nis informa	tion to identify your	case:			
	btor 1		Elizabeth Cajiga				
			First Name	Middle Name	Last Name	<del></del> }	
	btor 2 ouse if,		First Name	Middle Name	Last Name		
Un	ited S	States Bank	ruptcy Court for the:	NORTHERN DISTRICT C	F ILLINOIS, EASTERN DIVIS	SION	
Ca	se nu	ımber					
(if k	nown)					-	heck if this is an mended filing
<b>△</b> 1	r: _:	al Fam	m 107				
		<u>al Fori</u> ment d		Affairs for Individ	uals Filing for Ba	ankruptcy	4/16
				ple. If two married people are			
info	rmat	ion. If moi		attach a separate sheet to th			
	rt 1:	_	• •	rital Status and Where You I	Lived Before		
1.	Wha	at is your o	urrent marital statu	s?			
		Married				•	
		Not marrie	ed			•	
2.	Dur	ing the las	t 3 years, have you	lived anywhere other than w	here you live now?		
		No					
			till of the places you liv	red in the last 3 years. Do not in	nclude where you live now.		
	De	btor 1 Prio	r Address:	Dates Debtor 1 li there	ived Debtor 2 Prior Add	ress:	Dates Debtor 2 lived there
3. stat				e <b>r live with a spouse or lega</b> ifornia, Idaho, Louisiana, Neva			
		No					
		Yes. Make	e sure you fill out Scho	edule H: Your Codebtors (Offic	sial Form 106H).		
Pa	rt 2	Explain	the Sources of You	r Income			
4.	4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.						
		No					
		Yes. Fill in	n the details.				
				Debtor 1		Debtor 2	
				Sources of income Check ail that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
Fre	om Ja e date	anuary 1 o you filed	f current year until for bankruptcy:	■ Wages, commissions, bonuses, tips	\$24,977.00	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	

Official Form 107

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De	btor 1 _(	Cajigas, El	izabeth		Cas	e number (if known)	··-
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
		endar year: to Decembei	31, 2015 )	■ Wages, commissions, bonuses, tips	\$70,823.00	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		Operating a business	
		endar year be to December		■ Wages, commissions, bonuses, tips	\$69,797.00	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
5.	Include other pu you are List each	income regard tolic benefit partitions filing a joint can the source and	dless of wheth ayments; pens ase and you ha	ions; rental income; interest; dave income that you received to	o previous calendar years?  mples of other income are alim lividends; money collected from ogether, list it only once under le  ely. Do not include income that	lawsuits; royalties; and gamble Debtor 1.	
	■ No	s. Fill in the c	letails.				
			·	Debtor 1 Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
Pai	t 3: L	ist Certain P	ayments You	Made Before You Filed for	Bankruptcy		
6.	Are eith	. Neither I individual	Debtor 1 nor E primarily for a	personal, family, or household	umer debts. Consumer debts i purpose."	-	(8) as "incurred by an
			•		d you pay any creditor a total of	\$6,425* or more?	
		□ Yes	creditor. De payments t	each creditor to whom you pai o not include payments for do to an attorney for this bankrupt	d a total of \$6,425* or more in one of the comment	ich as child support and alimo	
	■ Ye			or both have primarily conso	umer debts. d you pay any creditor a total of	\$600 or more?	
		■ No.	Go to line	7.			
		□ <sub>Yes</sub>		for domestic support obligatior	d a total of \$600 or more and the support and a		
	Credit	or's Name aı	nd Address	Dates of paym	ent Total amount paid	Amount you Was this still owe	s payment for
7.	Insiders which y	include your ou are an offic	relatives; any c er, director, pe	general partners; relatives of a erson in control, or owner of 20	a payment on a debt you ow ny general partners; partnershi 0% or more of their voting secu de payments for domestic supp	ps of which you are a general prities; and any managing agen	partner; corporations of t, including one for a
	■ No		ments to an ins	sider			
		r's Name and		Dates of paym	ent Total amount paid	Amount you Reason still owe	for this payment

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De	ebtor 1 Cajigas, Elizabeth		Case	e number(if known)		
3.	Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or cos	• • • • • • • • • • • • • • • • • • • •	yments or transfer an	y property on acc	ount of a debt th	at benefited an
		•				
	■ No □ Yes. List all payments to an insider					
	☐ Yes. List all payments to an insider  Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for this	navmant
	maider a Maine and Address	Dates of payment	paid	still owe	Include creditor	
Pa	art 4: Identify Legal Actions, Repossessio	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrup List all such matters, including personal injury and contract disputes.					ody modifications,
	■ No					
	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the ca	ase
10.	. Within 1 year before you filed for bankrup Check all that apply and fill in the details belo		erty repossessed, for	eclosed, garnish	ed, attached, seiz	zed, or levied?
	No. Go to line 11.					
	☐ Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property	•	Date		Value of the property
		Explain what happene	ed			property
11.	. Within 90 days before you filed for bankru accounts or refuse to make a payment be		cluding a bank or fina	ncial institution, s	set off any amou	nts from your
	No					
	Yes. Fill in the details.					
	Creditor Name and Address	Describe the action th	e creditor took	Date : taken	action was	Amoun
12.	. Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or a		erty in the possession	n of an assignee	for the benefit of	creditors, a
	■ No					
	☐ Yes					
Pa	art 5: List Certain Gifts and Contributions	· · · · · · · · · · · · · · · · · · ·				
13.	. Within 2 years before you filed for bankru  No	ptcy, did you give any gif	ts with a total value of	f more than \$600	per person?	
	Yes. Fill in the details for each gift.					
	Gifts with a total value of more than \$600 person	per Describe the gift	S	Dates the g	s you gave lfts	Value
	Person to Whom You Gave the Gift and Address:					
14.	. Within 2 years before you filed for bankru ■ No	ptcy, did you give any gif	ts or contributions wi	th a total value o	f more than \$600	to any charity?
	Yes. Fill in the details for each gift or cor	ntribution.			•	
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	·	ou contributed	Dates contr	s you ributed	Value
Рa	art 6: List Certain Losses					

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

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De	btor 1 <u>Caji</u>	gas, Elizabeth	·	Case number(if known)	<del>-</del>
	or gambling	?			
	■ No	iii in the detaile			
		ill in the details.	D	<b>5</b> -16	No.
		ne property you lost and se occurred	Describe any insurance coverage for the Include the amount that insurance has paid. insurance claims on line 33 ofSchedule A/B.	List pending loss	your Value of property lost
Pa	rt 7: List C	ertain Payments or Transfe	rs		
16.	consulted a	bout seeking bankruptcy or	uptcy, did you or anyone else acting on you preparing a bankruptcy petition? reparers, or credit counseling agencies for servi	• •	
	□ No				
	_	I in the details.			
	Address Email or we	o Was Pald obsite address o Made the Payment, if Not	Description and value of any pro transferred	perty Date pa transfe made	yment or Amount of r was payment
	Heller & F 33 N Dear	Richmond, Ltd. born St Ste 1907 IL 60602-3828	USC	5/9/20 <sup>-</sup> 5/16/20	
17.	promised to Do not include		uptcy, did you or anyone else acting on you ditors or to make payments to your creditor you listed on line 16.		any property to anyone who
	☐ Yes. Fi	I in the details.			
	Person Wh Address	o Was Paid	Description and value of any pro transferred	perty Date pa transfe made	r was Amount of payment
18.	transferred Include both	in the ordinary course of yo	ruptcy, did you seil, trade, or otherwise tran ur business or financial affairs? s made as security (such as the granting of a se ted on this statement.		
	■ No ·				
	☐ Yes. Fi	l in the details.			
	Person Wh Address	o Received Transfer	Description and value of property transferred	Describe any prope payments received paid in exchange	
	Person's re	elationship to you		<b></b>	
19.	beneficiary	ears before you filed for ban ? (These are often called asse	kruptcy, did you transfer any property to a st-protection devices.)	self-settled trust or simil	ar device of which you are a
	■ No □ Yes, Fi	Il in the details.			
			Description and value of the more	ante transformed	Data Transfer
	Name of tr	ust	Description and value of the prop	ærty transierred	Date Transfer was made

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De	btor	1 Cajigas, Elizabeth			Case nun	nber (if known)	
Pa	rt 8:	List of Certain Financial Accounts, Ins	truments, Safe Depos	it Boxes, and Sto	rage Units		
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.						
		Yes. Fill in the details.		٠			
		tme of Financial Institution and idress (Number, Street, City, State and ZIP de)	Last 4 digits of account number	Type of acco instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.		you now have, or did you have within 1 y sh, or other valuables?	ear before you filed fo	or bankruptcy, an	y safe dep	osit box or other depos	itory for securities,
		No Yes. Fill in the details.					
		nme of Financial Institution Idress (Number, Street, City, State and ZIP Code)	Who else had a Address (Number and ZIP Code)		Describe	the contents	Do you still have it?
22.	Hav	ve you stored property in a storage unit o	r place other than you	ır home within 1	year before	you filed for bankrupt	cy?
		No Yes. Fill in the details.					
		trine of Storage Facility idress (Number, Street, City, State and ZIP Code)	Who else has o to it? Address (Number and ZIP Code)		Describe	the contents	Do you still have it?
Pa	rt 9:	Identify Property You Hold or Control	for Someone Else				
23.		you hold or control any property that sor neone.	neone else owns? Inc	lude any propert	y you borr	owed from, are storing	for, or hold in trust for
		No ·					
		Yes. Fill in the details.		_			
	Ξ.	wner's Name idress (Number, Street, City, State and ZIP Code)	Where is the pr (Number, Street, City Code)		Describe	the property	Value
Pa	rt 10	Give Details About Environmental Info	ormation				
For	the	purpose of Part 10, the following definitio	ns apply:				
	tox	vironmental law means any federal, state, ilc substances, wastes, or material into th ntrolling the cleanup of these substances.	e air, land, soil, surfac				
	Site	e means any location, facility, or property n, operate, or utilize it, including disposal	as defined under any	environmental l	aw, whethe	r you now own, operate	e, or utilize it or used to
		zardous material means anything an envi terial, pollutant, contaminant, or similar t		as a hazardous	waste, haz	ardous substance, toxi	c substance, hazardous
Rep	ort a	all notices, releases, and proceedings tha	t you know about, reg	ardless of when	they occur	red.	
24.	Has	s any governmental unit notified you that	you may be liable or	potentially liable	under or ir	ı violation of an enviroı	nmental law?
		No Yes. Fill in the details.	•	•			
		ame of site idress (Number, Street, City, State and ZIP Code)	Governmental ( Address (Number ZIP Code)	unit r, Street, City, State an	_	ronmental law, if you r it	Date of notice

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Del	otor 1	Cajigas, Elizabeth		Case number (if known)	54		
25.	Have	you notified any governmental unit of	f any release of hazardous material?				
		No					
	_ ·	Yes. Fill in the details.					
	100000000000000000000000000000000000000	ne of site Iress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		ate of notice		
26.	Have	you been a party in any judicial or ad	ministrative proceeding under any envir	onmental law? Include settlements and or	ders.		
		No					
	□ ·	Yes. Fill in the details.					
		e Title e Number	Court or agency Name		tatus of the		
			Address (Number, Street, City, State and ZIP Code)				
Par	t 11:	Give Details About Your Business or	Connections to Any Business				
27.	Withi	in 4 years before you filed for bankrup	tcy, did you own a business or have any	of the following connections to any busin	ness?		
	ı	☐ A sole proprietor or self-employed	in a trade, profession, or other activity, e	either full-time or part-time			
	- 1	☐ A member of a limited liability com	pany (LLC) or limited liability partnership	(LLP)			
	ı	☐ A partner in a partnership					
	☐ An officer, director, or managing executive of a corporation						
	☐ An owner of at least 5% of the voting or equity securities of a corporation						
	No. None of the above applies. Go to Part 12.						
	Yes. Check all that apply above and fill in the details below for each business.						
		iness Name	Employer Identification number				
	Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper			Do not include Social Security num	ber or ITIN.		
				Dates business existed			
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.						
		No					
	□ ·	Yes. Fill in the details below.					
	Nam		Date Issued				
		ber, Street, City, State and ZIP Code)					
Par	t 12:	Sign Below					
true ban 18 U	and c kruptc	correct. I understand that making a fals		I declare under penalty of perjury that the taining money or property by fraud in conor both.			
Sig	L	e of Debtor 1	W. C.				
Dat	e <u>M</u>	lay 16, 2016	Date				
Did N	lo	ttach additional pages to <i>Your Stateme</i>	ent of Financial Affairs for Individuals Fil	ing for Bankruptcy (Official Form 107)?			
<b>I</b>	lo		t an attorney to help you fill out bankrup				
☐ Y	es. Na	ame of Person Attach the Bankru	uptcy Petition Preparer's Notice, Declaration	, and Signature (Official Form 119).			
Offic	ial Form	n 107 State	ment of Financial Affairs for Individuals Filing	for Bankruptcy	page 6		

Armor Systems Co 1700 Kiefer Dr Ste 1 Zion, IL 60099-5105

Avant Credit, Inc 640 N La Salle Dr Ste 535 Chicago, IL 60654-3731

Avant Inc 222 N La Salle St Chicago, IL 60601-1003

Barclays Bank Delaware PO Box 8803 Wilmington, DE 19899-8803

Barclays Bank Delaware PO Box 8801 Wilmington, DE 19899-8801

Capital One PO Box 30285 Salt Lake City, UT 84130-0285

Capital One Bank USA N 15000 Capital One Dr Richmond, VA 23238-1119 Carfinance.com
7525 Irvine Center Drive St
Irvine, CA 92618

Citimortgage Inc PO Box 9438 Gaithersburg, MD 20898-9438

Citimortgage Inc Attn: Bankruptcy PO Box 6423 Sioux Falls, SD 57117

COMED BILL PAYMENT CENTER CHICAGO, IL 60668-0001

Comenity Bank/New York & Company PO Box 182125 Columbus, OH 43218-2125

Comenity Bank/Nwyrk&Co 220 W Schrock Rd Westerville, OH 43081-2873

Credit One Bank NA PO Box 98872 Las Vegas, NV 89193-8872 Credit One Bank NA PO Box 98873 Las Vegas, NV 89193-8873

Discover Fin Svcs LLC PO Box 15316 Wilmington, DE 19850-5316

Discover Financial Attn: Bankruptcy PO Box 3025 New Albany, OH 43054-3025

Fed Loan Serv PO Box 60610 Harrisburg, PA 17106-0610

Fed Loan Servicing PO Box 69184 Harrisburg, PA 17106-9184

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107-0145

Merrick Bank PO Box 9201 Old Bethpage, NY 11804-9001 Merrick Bank/Geico Card PO Box 23356 Pittsburgh, PA 15222-6356

Peoples Engy 200 E Randolph St Chicago, IL 60601-6436

Peoples Gas 200 E Randolph St Fl 20 Chicago, IL 60601-6431

Personal Finance 6392 S Cass Ave Westmont, IL 60559-3207

Syncb/amazon PO Box 965015 Orlando, FL 32896-5015

Syncb/Walmart PO Box 965024 Orlando, FL 32896-5024

Synchrony Bank/Amazon Attn: Bankruptcy PO Box 103104 Roswell, GA 30076-9104 Synchrony Bank/Walmart Attn: Bankruptcy PO Box 103104 Roswell, GA 30076-9104

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# United States Bankruptcy Court Northern District of Illinois, Eastern Division

IN RE:	Case No
Cajigas, Elizabeth	Chapter 7
Debtor(s)	
VERIFICA	TION OF CREDITOR MATRIX
	Number of Creditors28
The above-named Debtor(s) hereby verifies that the Date: May 16, 2016  Debtor	e list of creditors is true and correct to the best of my (our) knowledge.
Joint Debte	or

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Fill in this inform	nation to identify your	case:		
Debtor 1	Elizabeth Cajiga			
Destor .	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	NORTHERN DIST	RICT OF ILLINOIS, EASTERN DIVISION	
Case number (if known)				Check if this is an amended filing
Official For		on for Indiv	riduals Filing Under Chapte	r 7
Statemen	it of intentio	JII IOI IIIUIV	duals Filling Officer Chapte	12/15
lf you are an indiv	idual filing under cha	pter 7, you must fill	out this form if:	
creditors have	claims secured by yo	ur property, or		
You must file this	er is earlier, unless th	ithin 30 days after y	t expired. ou file your bankruptcy petition or by the date set fo time for cause. You must also send copies to the cr	
	ople are filing together	r in a joint case, both	are equally responsible for supplying correct infor	mation. Both debtors must sign
•		le If more ensee is r	needed, attach a separate sheet to this form. On the t	on of any additional names
	our name and case nu		ideueu, attach a separate shoot to this form. On the	op of any additional pages,
Part 1: List Yo	eur Creditors Who Hav	re Secured Claims		
			One different Miles I I area Claims Seasoned by Deservate 100	Maial Farm 400D). All in the
information bel	low.		Creditors Who Have Claims Secured by Property (O	
Identify the cre	ditor and the property	hat is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's Ca	arfinance.com		☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	<b>=</b>
Description of	2012 Ford Mustar	ng	Retain the property and enter into a Reaffirmation Agreement.	Yes
property			Retain the property and [explain]:	
securing debt:				
	itimortgage Inc		☐ Surrender the property.	□ No
name:		•	☐ Retain the property and redeem it.  ■ Retain the property and enter into a Reaffirmation	■ Yes
Description of	3824 W 59th St, C	hicago, IL	Agreement.	
property	60629-4502		☐ Retain the property and [explain]:	
securing debt:				•
For any unexpire the information b	elow. Do not list real e	ease that you listed in estate leases. Unexpi	n Schedule G: Executory Contracts and Unexpired Lired leases are leases that are still in effect; the lease ustee does not assume it. 11 U.S.C. § 365(p)(2).	eases (Official Form 106G), fill in period has not yet ended. You
•		•		Will the lease be assumed?
Lessor's name:				
Official Form 108		Statement of Inf	tention for Individuals Filing Under Chapter 7	pago
			-	

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Debtor 1 Cajigas, Elizabeth	Case number (if known)				
Description of leased Property:	□ No				
Lessor's name: Description of leased Property:	□ No □ Yes				
Lessor's name: Description of leased Property:	□ No □ Yes				
Lessor's name: Description of leased Property:	□ No				
Lessor's name: Description of leased Property:	□ No □ Yes				
Lessor's name: Description of leased Property:	□ No				
Lessor's name: Description of leased Property:	□ No □ Yes				
Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.					
Elizabeth Cajigas Signature of Debtor 1	XSignature of Debtor 2				
Date May 16, 2016	Date				

 $_{B201B\;(Form\;2018)}\text{Case}_{12/09}\text{6-18990}$ 

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Document Page 49 of 53 United States Bankruptcy Court

# Northern District of Illinois, Eastern Division

IN RE:		Case No.
Cajigas, Elizabeth		Chapter 7
	Debtor(s)	•

	E TO CONSUMER DEBTOR(S) E BANKRUPTCY CODE
Certificate of [Non-Attorney]	Bankruptcy Petition Preparer
I, the [non-attorney] bankruptcy petition preparer signing the debto notice, as required by § 342(b) of the Bankruptcy Code.	r's petition, hereby certify that I delivered to the debtor the attached
Printed Name and title, if any, of Bankruptcy Petition Preparer Address:	principal, responsible person, or partner of the bankruptcy petition preparer.)
X	onsible person, or (Required by 11 U.S.C. § 110.)
Certificate	of the Debtor
I (We), the debtor(s), affirm that I (we) have received and read the	attached notice, as required by § 342(b) of the Bankruptcy Code.
Cajigas, Elizabeth	X6/09/2016
Printed Name(s) of Debtor(s)	Signature of Debtor Date
Case No. (if known)	X Signature of Joint Debtor (if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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Doc 1 Filed

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B201B (Form 201B) (12/09)

## United States Bankruptcy Court Northern District of Illinois, Eastern Division

IN RE:	Case No				
Cajigas, Elizabeth	Chapter 7				
CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE					
Certificate of [Non-Attorney] Bankruj	ptcy Petition Preparer				
I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition notice, as required by § 342(b) of the Bankruptcy Code.	n, hereby certify that I delivered to the debtor the attached				
Printed Name and title, if any, of Bankruptcy Petition Preparer Address:	Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of				
X	the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)				
Signature of Bankruptcy Petition Preparer of officer, principal, responsible partner whose Social Security number is provided above.	erson, or				
Certificate of the De	btor				
I (We), the debtor(s), affirm that I (we) have received and read the attached n	otice, as required by § 342(b) of the Bankruptcy Code.				
Cajigas, Elizabeth Printed Name(s) of Debtor(s) Signa	ture of Debtor Date				
Case No. (if known) XSignal	nture of Joint Debtor (if any)  Date				

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court** Northern District of Illinois, Eastern Division

In re	e Cajigas, Elizabeth		Case No.			
		Debtor(s)	Chapter	7		
	DISCLOSURE OF COMPENSAT	TION OF ATTORN	EY FOR I	DEBTOR		
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I cer compensation paid to me within one year before the filing of the per rendered on behalf of the debtor(s) in contemplation of or in contemplation.	petition in bankruptcy, or a	greed to be pai	id to me, for services rendered or to		
	For legal services, I have agreed to accept		\$	0.00		
	Prior to the filing of this statement I have received		\$	0.00		
	Balance Due		\$	0.00		
2.	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
3.	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
4.	■ I have not agreed to share the above-disclosed compensation firm.	with any other person unles	ss they are men	mbers and associates of my law		
	☐ I have agreed to share the above-disclosed compensation with copy of the agreement, together with a list of the names of the					
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	a. [Other provisions as needed]					
6.	By agreement with the debtor(s), the above-disclosed fee does no	t include the following serv	rice:			
	CERT	IFICATION				
	I certify that the foregoing is a complete statement of any agreembankruptcy proceeding.	ent or arrangement for payi	ment to me for	representation of the debtor(s) in		
J	June 9, 2016					
L	Date	Michael R. Richmond Signature of Attorney				
		Heller & Richmond, Lt	d.			
		33 N Dearborn St Ste				
		Chicago, IL 60602-382 (312) 781-6700 Fax: (		12		
		mrichmond@hellerric				
		Name of law firm				

### ATTORNEY-CLIENT AGREEMENT

This Agreement is made this 9th day of May, 2016 by and between Heller & Richmond, Ltd. (hereinafter referred to as "Attorney) of 33 N. Dearborn St., Suite 1907, Chicago, IL 60602 and Elizabeth Caljigas (hereinafter referred to as "Client") of Chicago, IL

WHEREAS, "Client" desires to engage the legal services of "Attorney" to advise and represent "Client" concerning "Client's" desire to seek Bankruptcy relief pursuant to title 11 of the United States Code; and

WHEREAS, "Attorney" desires to provide such legal services to "Client":

IT IS HEREBY AGREED by and between the Parties hereto, in consideration of the mutual covenants contained herein:

#### **TERMS OF AGREEMENT**

- 1. Professional Legal Services to be Provided.
- A. Attorney shall provide the following professional legal services for "Client" in the above referenced bankruptcy matter:
  - Analysis of the "Client's" financial situation and rendering advice to the "Client" in determining whether to file a petition in bankruptcy;
  - 2. Preparation and filing of any petition, schedules, statement of affairs, or plan which may be required.
  - 3. Representation of "Client" at the meeting of the creditors and confirmation hearing;
  - 4. Other:
- B. Professional legal services to be provided by "Attorney" to "Client shall not include:
  - 1. Rendering advice or representing any other person or entity related to or a dependent of "Client";
  - Filing a notice of appeal, or prosecuting or defending an appeal of any judicial ruling, except by separate agreement of the parties, hereto; or,
  - Representing "Client" in any other judicial or administrative or alternative dispute resolution proceeding, except by separate agreement of the parties, hereto;
  - 4. The filing of any adversary complaint to determine the dischargability of an otherwise non-dischargeable debt.
- Compensation for Legal Service Provided. "Client" agrees to pay to "Attorney" and "Attorney" agrees to accept from "Client"
   \$ 650.00 for the performance of these services (hereinafter referred to as "fee") in addition to the costs of approximately three hundred ninety five dollars\*\*
  (\$395.00)

It is hereby acknowledged that this "fee" has been based upon "Client's" representation that he/she has the following type and number of debts:

- a. -2- secured creditors;
- b. +20 unsecured creditors; (\*UP TO 30 UNSECURED CREDITORS)
- c. -0- priority debts; (GOVT. DEBT INCLUDING STUDENT LOAN IS GENERALLY NOT DISCHARGABLE)

This stated "fee" has been further based upon "Client's representation that he/she has:

- a. -0- law suits pending against him/her;
- b. -0- wage assignments pending against him/her.

"Client" agrees to pay an additional fee of one hundred dollars (\$100.00) for each of the following additional items that have not been disclosed above:

- a. each secured creditor;
- b. each group of up to ten unsecured creditors over the first ten unsecured creditors;
- c. each law suit or wage assignment pending against "Client" at the time the bankruptcy is filed;
- d. "Attorney" notification to the Secretary of State of the bankruptcy in the event "Client"s driving privileges had been previously suspended in accordance with the financial responsibility laws of the State of Illinois

"Client" also acknowledges that the "fee" has been determined based upon the minimal amount of expected work to be performed on this bankruptcy matter, and that if additional legal services, such as representing "Client" in contested matters or adversary proceedings, must be performed, if "Client" fails to attend a meeting of the creditors or any court hearing or if the petition, once prepared, has to be revised due to "Client's" failure to provide complete or accurate information, including but not limited to the list of creditors as referred to in Section 5(f) below or if "Attorney" is forced to take any steps to collect any past due Attorneys fees from "Client", "Client" shall be responsible for additional fees at a rate of two hundred fifty dollars (\$250.00) per hour.

"Client" agrees to pay all fees and court costs as follows:

- \$ 250.00 upon the execution of this agreement;
- 2. Balance due prior to filing, but within 90 days

"Client" acknowledges that "Attorney" is not responsible for filing a petition or initiating any bankruptcy proceeding until "Client" has paid "Attorney" at least \$ 1045 .00 and that any monies paid upon the execution of this agreement are non-refundable and are intended to compensate "Attorney" for his time spent in compiling the information necessary to prepare, or other steps towards the preparation of, a petition in bankruptcy.

3. Client Cooperation. "Client" agrees to fully cooperate with "Attorney" in performing professional legal services, including, but not limited to, fully disclosing all of "Client's" potential assets and liabilities, timely appearing at meetings and hearings, promptly returning phone calls from "Attorney" to "Client", promptly communicating any changes in circumstances to "Attorney", including change of employment and change of address, and paying all legal fees and expenses as they become due. "Client" hereby warrants and covenants that he/she has fully disclosed to "Attorney" all known or suspected real property, tangible and intangible personal property, debts, leases contracts, claims in favor of or against "Client" and taxes owed.

#### 4. Termination of Agreement.

A. "Client" may terminate this Agreement with "Attorney" at any time upon written notice to "Attorney". In the event of such termination, "Client" shall pay all legal fees incurred and shall notify "Attorney" in writing, if "Client" desires his/her file turned-over to any person or entity.

B. "Attorney" may terminate this Agreement upon written notice to "Client" for "cause". "Cause shall include, but shall not be limited to

the following:

- "Attorney" learning of "Client's" intention to commit an act that may constitute a bankruptcy crime or fraud or other unlawful conduct, and "Client's" refusal to refrain from such conduct;
- 2. "Client's" failure to promptly pay legal fees or expenses incurred; or
- 3. Any other permissive or mandatory cause to withdraw form the Attorney-Client relationship as provided for in the Code of Professional Responsibility.

#### 5. "Client" acknowledgment.

A. "Attorney" has advised "Client" that his/her spouse, if any is jointly liable for many of "Client's" debts that have been incurred, since the time of "Client's" marriage and that "Client's" spouse can be held responsible for these debts, unless the spouse files a joint or separate petition for bankruptcy. "Attorney" has advised "Client" that there would be no additional legal "fee" or court costs to add the "Client's" spouse on a joint petition for bankruptcy, provided that the spouse does not have any creditors other than those upon which "Client's" fee was based.

B. "Attorney" has advised "Client" that some debts may not be dischargeable and in particular, secured debts or those in which "Client" has pledged some property as collateral against a loan or other financing, are not dischargeable, unless "Client" is willing to return the property, which has been pledged as collateral, to the creditor. "Client" has been further advised that in many instances he/she may retain the property, which has been pledged as collateral, if he/she agree to reaffirm the debt and continue to pay the creditor, as they were bound to do, before the filing of bankruptcy.

C. "Attorney" has reviewed with "Client" his/her options to file under Chapter 7, Chapter 11 and Chapter 13 of Title 11 of the United States Code and "Client" has elected to proceed under Chapter 7 "Client" is aware that if he/she proceeds with a Chapter 7 then he/she will be required to forfeit any and all property owned in full or in part by "Client" other than those exemptions permitted by statute and in most instances the amount of property entitled to those exemptions is minimal. The property that could be forfeited includes, but is not limited to real estate, cash, bank accounts, household goods and furnishings, appliances, artwork, collections, sports equipment, tools, jewelry, income tax refunds, vehicles or anything else of value or potential value.

D. "Client" acknowledges that he/she has read both front and back of this agreement and "Attorney" has answered any questions that "Client" may have had about its content.

E. "Client" acknowledges receipt of a copy of this agreement at the time of its execution.

F. It is the obligation of "Client" to supply "Attorney" with a neat, legible and complete list of all creditors of "Client" and for each creditor include their complete name, address, account number and balance owed; also, if that account was referred to a collection agency or lawyer then also include the name, address and account number of the collection agency or lawyer.

G. "Client" understands that "Attorney's" obligation to represent "Client" will end no later than upon the entry of the Order of Discharge in Bankruptcy and "Client" will be responsible for payment of additional fees at the rate of two hundred dollars (\$200.00) per hour for any service that might be requested after the entry of the Order of Discharge including but not limited to telephone advise, file retrieval, providing copies of any file related documents and issues concerning credit bureau reports, obtaining credit or other forms of credit repair.

H. "Client" hereby warrants and covenants that he/she has truthfully and fully disclosed to "Atterney" all known or suspected information requested by any aspect of the entire Bankruptcy Petition and that it is the responsibility of "Client" to be certain that this information is all accurately displayed in the actual Bankruptcy Petition at the time "Client" affixes his/her standards) thereto.

\*\* costs include the court filing fee of \$335.00, the online prebankruptcy counseling and online debt management class and the 3-bureau credit report of \$60.00 for an individual report or \$70.00 for a joint report for husband and wife.

Heller & Richmond, Ltd.

**HELLER & RICHMOND, LTD.** 

33 N. Dearborn Street

**Suite 1907** 

Chicago, IL 60602

(312) 781-6700

AGREE TO ALL THE TERMS CONTAINED IN THIS DOCUMENT

By affixing my signature above, I hereby certify that I have not filed any petition for bankruptcy within the past 8 years, except as otherwise noted as follows:

NONE

YES, I HEREBY INSTRUCT ATTORNEY TO PROVIDE CLIENT WITH A 3-BUREAU CREDIT REPORT and I AGREE TO PAY THE COST OF THIRTY FIVE DOLLARS (\$35.00) per person FOR THE REPORT IN ADDITION TO ALL OTHER FEES. This additional fee must be paid before the Bankruptcy Petition will be filed.